IRN _____

Team _____

Program/Version _____

University of Phoenix
Associate of Arts through Credit Recognition
Application for Admission

All Fields must be completed.

Branch *(Please mark with a check the branch of the service)*

❏ Air Force–Regular ❏ Army–Regular ❏ Navy–Regular ❏ Marines Corps–Regular

❏ Air Force–Reserves ❏ Army–Reserves ❏ Navy– Reserves ❏ Marines Corps–Reserves

❏ National Guard–Regular ❏ National Guard–Reserves ❏ Coast Guard–Regular ❏ Coast Guard–Reserves

Professional Focus _____ **Rank** _____

General Information (Please print or type)

U.S. Citizen? ❏ Yes ❏ No

Last Name | First Name | Middle Initial | Maiden Name (or Other)

Address (Number and Street) | Apt./Suite | Social Security Number

City | State | Zip | Date of Birth (Month/Day/Year)

Home Phone (Include Area Code) | Work Phone | **Name as You Want it to Appear on Your Diploma**

Primary Language: _____ Email Address: _____

Education

High School Attended | City/State | Graduation Date

List all colleges/universities attended and their locations, and any credits earned through national testing programs, i.e. CLEP, Excelsior, etc.:

		Dates Attended From	To	Degree or Approximate Credits Completed
Institution	City/State			
Institution	City/State			
Institution	City/State			
Institution	City/State			
Institution	City/State			

Optional (For reporting purposes)

GENDER: | PREDOMINANT ETHNIC BACKGROUND

❏ Male ❏ Hispanic, Latino or Other Spanish Origin ❏ Black or African-American

❏ Female ❏ American Indian or Alaskan Native ❏ Asian or South Pacific Islander

❏ White or Caucasian ❏ Other (Specify): _____

Acknowledgement

I certify that the information contained in this application is complete and accurate, and I understand that submission of inaccurate or incomplete information can be considered sufficient cause for terminating my application or enrollment at the University of Phoenix. I understand that the University of Phoenix Office of Admissions is the sole authority in determining the transferability of credits and degree requirements. Unofficial evaluations performed by anyone other than a University of Phoenix evaluator may not be consistent with an official University of Phoenix evaluation.

I hereby authorize the University of Phoenix to release my scholastic records to the Education Services Officer upon request and that my authorization covers any Education Services Office that I may be affiliated with at any given time. I further understand that without this authorization, the University of Phoenix will not release any information until written authorization is received from me. The authorization will remain in effect until I submit a written revocation of this authorization.

X _____

Signature | Date

UNIVERSITY OF PHOENIX STAFF ONLY- DO NOT WRITE BELOW

❏ Application Fee Received ❏ Original Transcript Request Form

❏ Graduation Fee Received ❏ Enrollment Agreement

❏ Prior Schools: Dates/Credits/ Accredited? ❏ Student Financial Agreement Form

Team#: _____ First Class: _____

Group#: _____ Start Date: _____

For Office Use Only:
- ❑ Reentry
- ❑ Program/Version Change

Team _____

IRN _____

AACR 001

Student Name _____ Individual Record Number/Social Security Number

Street Address _____

City _____ State _____ Zip Code

A minimum of 60 credits is required for completion of the University of Phoenix Associate of Arts Through Credit Recognition degree.

English Composition Requirement:

You are required to complete an English composition course to fulfill a portion of the Communication Arts requirement. The course must be completed at a regionally or nationally accredited Associate degree granting institution with a grade of "C" or better. The CLEP English Composition examinations English Composition or Freshman College Composition will also satisfy the English composition requirement.

*Three semester credits must be in English composition. The EML/299.1 course satisfies Communication Arts credits when completed with a grade C or better.

**Must contain algebra or higher component to satisfy mathematics requirement.

60 total Credits for Degree Completion

EML/299.1 is a required course	3 credits
Subtotal	3 credits

Elective Credits	6 credits
Professional Focus	15 credits
Interdisciplinary Subtotal	21 Credits

Liberal Arts	36 credits

Additional electives if no professional focus is chosen

Communication Arts Requirement

COMM*	3 credits
Subtotal	6 credits

Mathematics Requirement

MTH**	3 credits
Subtotal	6 credits

Phy/Bio Science Requirement

PHY/BIO	3 credits
Subtotal	3 credits

Science/ Technology Requirement

Subtotal	3 credits

Social Science Requirement

Subtotal	6 credits

Humanities Requirement

Subtotal	6 credits

Additional Liberal Arts Requirement

Subtotal	6 credits

Subtotal	**36 credits**
Total	**60 credits**

I understand this information to represent the requirements for my degree completion and specific course of study requirements so long as I remain in enrollment in accordance with the University of Phoenix catalog.

X _____

Signature   Date

Request for Official Score Report

Please type or print legibly.

From:

Last Name	First	Middle

Name on Score Report if different from above

Social Security Number	I.D. Number (if any)	Date of Birth

Street Address	Apartment Number

City	State	Zip

Phone Number (Include Area Code)

Academic Transcript Request Enclosed

To:

Colleges/University	Location/Campus/Division

Street Address

City	State	Zip	Country

*If unsure of actual test dates, please give approximate dates.

Test(s) Taken:

Subject	Test Date*

Subject	Test Date*

Subject	Test Date*

Attention Testing Center:
Please process this request within two (2) weeks.
If you encounter any difficulties in processing,
Admissions Department at (800) 800-7006.

Please send one (1) Official Academic Transcript to:
University of Phoenix
AACR Department
4615 E. Elwood Street
Mailstop 10-0060
Phoenix, AZ 85040

X _____
Student Signature

Request for Official Score Report

Please type or print legibly.

From:

Last Name	First	Middle

Name on Score Report if different from above

Social Security Number	I.D. Number (if any)	Date of Birth

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University of Phoenix
AACR Department
4615 E. Elwood Street
Mailstop 10-0060
Phoenix, AZ 85040

X _____
Student Signature

Request for Transcript for Admission or Transfer to the University of Phoenix

Please type or print legibly.

From:

Last Name	First	Middle

Name on transcript if different from above

Attended From	To	Degree

Social Security Number	I.D. Number (if any)	Date of Birth

Street Address	Phone Number (Include Area

City	State	Zip Code

Academic Transcript Request Enclosed

To:

Colleges/University	Location/Campus/Division

Street Address

City	State	Zip Code	Country

Attention Registrar:

Please process this request within two (2) weeks. If you encounter any difficulties in processing, please contact the University of Phoenix Admissions Department at (800) 800-7006.

Please send one (1) Official Academic Transcript to:

**University of Phoenix
AACR Department
4615 E. Elwood Street
Mailstop 10-0060
Phoenix, AZ 85040**

X _____
Student Signature

Request for Transcript for Admission or Transfer to the University of Phoenix

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Last Name	First	Middle

Name on transcript if different from above

Attended From	To	Degree

Social Security Number	I.D. Number (if any)	Date of Birth

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AACR Department
4615 E. Elwood Street
Mailstop 10-0060
Phoenix, AZ 85040**

X _____
Student Signature

University of Phoenix
Associate of Arts through Credit Recognition
Student Financial Agreement

Student Name: _____ Social Security Number: _____

Degree Program:_____ Start Date: _____

Application Fee Paid: $ _____Payment Method: _____ Date: _____

Graduation Fee Paid: $_____ Payment Method: _____ Date: _____

(up to $30.00 will be charged for any declined card or returned check in accordance with state law)

Finance Options:

Please check one Primary Finance Option (a Secondary Option is required if the Primary Option selected does not cover 100% of tuition costs.) Funding of at least 50% of your annual tuition is required for an option to be considered primary.

Primary or Secondary

❑   ❑   Cash Plan: 100% cash payment submitted prior to each course start date.

❑   ❑   Military/ Government Plan: Military tuition assistance forms must be received prior to each course start date. Tuition not covered by military assistance must be paid prior to each course start date.

❑   ❑   Other:_____

Student Agreement

I have read and fully understand the information listed above. I also understand that I am financially responsible for any and all charges incurred no matter which option I have chosen; and that the tuition and fees for the AACR program are non-refundable. My signature authorizes the University of Phoenix to charge my credit card according to the payment option(s) I have chosen. I understand that if the terms of this agreement are not met, I will be assessed a $30 late fee plus an additional fee (not to exceed state statutory maximum, if applicable) if my credit card is declined.

Credit Card #:	Type of CC:	Exp. Date:
Name on CC:		

Student Signature:_____ Date: _____

Internal use only   ITS/ MS 8/26/02

IRN: _____AC: _____Team#: _____Program: _____Start Date: _____

UNIVERSITY OF PHOENIX
ASSOCIATE OF ARTS THROUGH
CREDIT RECOGNITION

STUDENT RECOMMENDATION/ DEVELOPMENT FORM

The AACR team would appreciate if you could provide the following information regarding your current employer. This information aids in the customized development of the University of Phoenix curriculum to meet the needs of University of Phoenix working adult students.

Your first and last name: _____

Branch of Military: _____

Name of Education Service Officer: _____

Military Base: _____

City, State, ZIP: _____

Telephone Number: _____

Amount of tuition assistance
Available for students (if applicable) _____

We would also appreciate your recommendations for other professional working adults who you think might like to pursue their AACR Degree. The AACR program continues to grow from your referrals. Please take a moment to list the names of people you know that would benefit from pursuing their education. Your thoughtfulness could make a difference in their quality of life.

	Name	Phone	E-mail	Relationship
1.				
2.				
3.				